



CHARLES D. BAKER
Governor

KARYN E. POLITO
Lieutenant Governor

The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Bureau of Health Professions Licensure
Drug Control Program

239 Causeway Street, Suite 500, Boston, MA 02114

Tel: 617-973-0800
TTY : 617-973-0988

www.mass.gov/dph/boards

MARYLOU SUDDERS
Secretary

MONICA BHAREL, MD, MPH
Commissioner

**Massachusetts Controlled Substance Registration (MCSR)
Remove Drug Schedules Form**

Please read the following information carefully before completing the form:

The authorized drug schedules of your MCSR are listed on your registration card.

To remove drug schedules: please complete this form

Adding drug schedules: You may not add drug schedules to your existing MCSR instead you must: 1) apply for a new MCSR with the desired drug schedules and 2) terminate your existing MCSR.

Requirements for DEA registration: MCSR registrants must have a DEA number to prescribe federally controlled drugs (Schedules II, III, IV, V). The drug schedules on your DEA registration and MCSR must match. Schedule VI is only controlled by Commonwealth of Massachusetts, and will not appear on the DEA registration. The DEA requirement does not apply to MCSRs applicants who have only a Schedule VI MCSR.

Amended Information Form Instructions

1. Items with an asterisk are mandatory.
2. Attest to the contents of this form by signing and dating the second page. The Drug Control Program cannot accept amended information forms without an original, ink signature.
3. When complete, mail the amended information form to:

Email: MCSR@massmail.state.ma.us

Fax: 617-753-8233

Mail: Bureau of Health Professions Licensure
Drug Control Program, Attn: MCSR
239 Causeway Street, 5th Floor Suite 500
Boston, MA 02114

Carefully Print or Type the Following Information:

| First Name*: | Last Name*: | MCSR Number*: | Board License Number*: |
|--------------|-------------|---------------|------------------------|
| | | | |

Removing Drug Schedule(s) Change

Current Drug Schedules: Please first select the drug schedules you are currently authorized to prescribe, store, order, administer, and dispense.

- ☐ I
- ☐ II
- ☐ III
- ☐ IV
- ☐ V
- ☐ VI

Drug Schedule Request: Please select the drug schedules you wish to be authorized to prescribe, store, order, administer, and dispense.

- ☐ I
- ☐ II
- ☐ III
- ☐ IV
- ☐ V
- ☐ VI

I hereby certify that, under pains and penalties of perjury, all of the information submitted in this form, and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this form is grounds for MCSR revocation or denial of the MCSR and may subject me to civil or criminal penalties. My signature on this MCSR form attests under penalties of perjury that, to the best of my knowledge and belief, I have complied with: state tax and child support laws M.G.L. c. 62C, section 49A); and the laws of the commonwealth of Massachusetts and all applicable rules and regulations of the Department of Public Health and the Drug Control Program.

Signature: _____

Date: _____